

## Initial TB Report (Form EPI-1)

MAIL THE TOP TWO COPIES TO YOUR <u>LOCAL</u> HEALTH DEPARTMENT						
VIRGINIA DEPARTMENT OF HEALTH Confidential Morbidity Report						
Patient's Name (Last, First, Middle Initial):			SSN: _____			
Patient's Address (Street, City or Town, State, Zip Code):			Home #: (    ) _____			
			Work #: (    ) _____			
			City or County of Residence			
Date of Birth: (mm/dd/yyyy)	Age:	Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown		Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	
DISEASE OR CONDITION:			Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Death: <input type="checkbox"/> Yes <input type="checkbox"/> No Death Date:		
Date of Onset:	Date of Diagnosis:	Influenza: (Report # and type only. No patient identification)				
		Number of Cases:		Type, if Known:		
Physician's Name:			Phone #: (    ) _____			
Address:						
Hospital Admission: <input type="checkbox"/> Yes <input type="checkbox"/> No			Hospital Name:			
Date of Admission:			Medical Record Number:			
Laboratory Information and Results						
Source of Specimen:			Date Collected:			
Laboratory Test(s) and Finding(s):						
Name/Address of Lab:						
CLIA Number:						
Other Information						
Comments: (e.g., Risk situation [food handling, patient care, day care], Treatment [including dates], Immunization status [including dates], Signs/Symptoms, Exposure, Outbreak-associated, etc.)						
Name, Address, and Phone Number of Person Completing this Form:			Date Reported:			
			Check here if you need more of these forms, or call your local health department. <input type="checkbox"/> (Be sure your address is complete.)			
For Health Department Use						
			Date Received:			
			VEDSS Patient ID:			

Please complete as much of this form as possible

Form Epi-1, 10/2011